

Quarterly Totals

Demographic Reporting Form

Positive Alternatives

Date: January 1 – March 31, 2015 Grantee Name: Options Pregnancy Center

1. Client Age Range:

| Under 15 | 15-17 | 18-19 | 20-24 | 25-29 | 30-34 | 35+ | Unknown age |
|----------|-------|-------|-------|-------|-------|-----|-------------|
| 0 | 2 | 0 | 3 | 3 | 1 | 2 | 0 |

2. Client Pregnancy Status:

| 1st Trimester | 2nd Trimester | 3rd Trimester | Post-partum | Pregnancy Status Unknown |
|---------------|---------------|---------------|-------------|--------------------------|
| 4 | 2 | 3 | 1 | 1 |

3. Client Marital Status:

| Married | Not Married | Marital Status Unknown |
|---------|-------------|------------------------|
| 0 | 11 | 0 |

4. Client Race:

| Race: White | Race: African-American | Race: African-African | Race: American Indian | Race: Asian Pacific | Race: Other/ Multi Race | Race: Unknown |
|-------------|------------------------|-----------------------|-----------------------|---------------------|-------------------------|---------------|
| 10 | 0 | 0 | 0 | 0 | 1 | 0 |

5. Client Ethnicity:

| Hispanic Ethnicity: Yes | Hispanic Ethnicity: No | Ethnicity: Unknown |
|-------------------------|------------------------|--------------------|
| 1 | 10 | 0 |

INSTRUCTIONS FOR COMPLETING DEMOGRAPHIC REPORTING FORM

- 1.** Enter the date covered by the reporting period. The date will correspond to the quarterly report (e.g., report due April 20th covers the period January 1 – March 31st; report due July 31st covers the period April 1 – June 30th, etc.).
- 2.** Enter your organization name.
- 3.** Numbers 1 – 5 ask for the demographic information that was previously collected on the Necessary Services Data Intake form. Enter the totals for each of the demographic categories in numbers 1 – 5 that were collected during the stated reporting period.
- 4.** Save the form as a new document. Send it in by email with your Update Report of the same quarter.
- 5.** Reuse the form each quarter.